



**STATEMENT OF INDEPENDENT EXPENDITURES MADE BY AN  
INDIVIDUAL**

<b>1. Name of Individual</b>	<b>4. Type of Report</b> (CHECK AND FILL APPROPRIATE BOX) <input type="checkbox"/> 2 <sup>ND</sup> Thursday in month of January 20____ <input type="checkbox"/> 2 <sup>ND</sup> Thursday in month April 20____ <input type="checkbox"/> 2 <sup>ND</sup> Thursday in month July 20____ <input type="checkbox"/> 2 <sup>ND</sup> Thursday in month of October 20____ <input type="checkbox"/> 7 <sup>TH</sup> day preceding an Election, Primary or Referendum on _____ <input type="checkbox"/> Post Election _____ <input type="checkbox"/> Amended to previous report filed on _____
<b>2. Address of Individual</b> (Residential Address)	
<b>3. Filing Due Date</b> _____ <b>Covering</b> _____ <b>through</b> _____	

<b>5. Independent Expenditures Made</b>						
Name and Office Sought of Candidate; or Referendum Question	Check One		Full Name, and Address of Payee	Purpose of Expenditure	Date (MM/DD/YY)	Amount
	Support	Oppose				

I do hereby swear under penalty of false statement, that I certify that the independent expenditures reported herein were not made with the cooperation or with prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee; and that I make this statement in accordance with the requirements of Chapter 150 of the Connecticut General Statutes, that this is a complete itemized statement which contains all of the information required by Chapter 150, for the period shown above.

Page Total:	\$
Total All Pages:	\$

Signature of Individual

Print or Type Name

Date